

Short-term Disability Coverage and Rates

July 2020 STD Renewal

The following rates shall apply from July 1, 2020 to June 30, 2021

Rating Renewal July
Suffix # 174

BENEFIT SCHEDULE

| Class | Class Name | Probationary Period | Benefit Amount (% of Base Weekly Earnings) | Maximum Weekly Benefit | Maximum Benefit Period | Waiting Period | |
|-------|------------------------|---------------------|--|------------------------|------------------------|----------------|----------|
| | | | | | | Accident | Illness |
| 1 | All Eligible Employees | 0M | 66.67% | \$950 | 13 weeks | 1 day(s) | 8 day(s) |

CONTRIBUTORY STATUS AND PARTICIPATION REQUIREMENTS

| Class | Class Name | Contributory Y/N | Participation |
|-------|------------------------|------------------|---------------|
| 1 | All Eligible Employees | N | 100% |

RATE

For Each \$10 of Weekly Benefit Per Month \$0.29

Monthly rates and continued Member Group coverage are based on 75% participation of Eligible Employees if contributory status is Y or 100% participation if contributory status is N, per applicable HealthTrust minimum participation requirements.

PROBATIONARY PERIOD EXCEPTIONS

None

SPECIAL NOTES

Pregnancy covered the same as an illness. Evidence of Insurability needed for all late enrollees (contributory groups only).